

SSOE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE              |
|---------------------|----------|--------|-------------------|
| FEE DETERMINATION   |          |        |                   |
| O.I.P.E. CLASSIFIER |          | 22     | 04-22-58          |
| FORMALITY REVIEW    | (1)      |        | 8-11-58 / 9-16-58 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
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| Claim          | Date |
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| Claim          | Date |
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**BEST AVAILABLE COPY** (more than 50 claims or 10 actions  
staple additional sheet here)

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